PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

7AY-067 COA

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL ENTITY	
			16					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	, ·	BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	ABLE CLAIMS				<i>b</i>		X\$ 9=		OR	X\$18=	
	DEPENDENT CL	 	\(minus 3 = * / \)				·	X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		or	TOTAL	824
CLAIMS AS AMENDED - PART II							OTHER TH					
		(Column 1)		(Colun		(Column 3)		SMALL		OR	SMALL	
ENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* /6	Minus	** 8	70	1		X\$ 9=		OŘ	. X\$18=	
AME	Independent	* 4	Minus	*** 2	4	=		X42=		OR	X84=	
<u> </u>	FIRST PHESE	NTATIÓN OF MI	JLTIPLE DEF	PINDEN	CLAIM			+140=		OR	+280=	
				. •				TOTAL			TOTAL ADDIT. FEE	
	•	(Column 1)	·	(Colun	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	·
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 8	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	
\ME	Independent	* 2	Minus	*** 4	F	=		X42=		OR	X84=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		1	+140=		OR	+280=	
			(Column 2) (Column 3)				L_	TOTAL			TOTAL	
		(Oakima 4)				,	ADDIT. FEE		OF1	ADDIT. FEE		
		(Column 1) CLAIMS	CLAIMS		EST	(Column 3)	lr		ADDI	1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	l	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					╽┟	7,12-		OR	7.0 1-		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140= TOTAL		OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe	r fou	ind in the app	ropriate box	in col	umn 1.	

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10092 158

		CLAIMS AS	S FILED -	PART	l		SMALL EI	YTITY		OTHER	THAN
			(Column	1)	(Colu	mn 2)	TYPE [OR	SMALL	The state of the s
TC	TAL CLAIMS		2	2			RATE	FEE]	RATE	FEE
FOR NU			NUMBER	FILED	NUMB	ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 20=				*	2	X\$ 9=		OR	X\$18=	360	
INC	EPENDENT CL	_AIMS	3 mi	nus 3 =	* (2	X42=		OR	X84=	
ML	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	TOTAL		OR	TOTAL	776.
•	С	LAIMS AS A	MENDED	- PAR	T II		TOTAL		JON	OTHER	
	·. •	(Column 1)		(Colur	mn 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 22	Minus	** Z	20	= 2	X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	***	3	36	X42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+140=		i	+280=	
	•						TOTAL		OR	TOTAL	
				.		10 1 21	ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur		(Column 3)					-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 27	Minus	** _	12	= 5	X\$ 9=		OR	X\$18=	90
AME	Independent	* H	Minus	***	3	=	X42=		OR	X84=	84
	FIRST PRESE	NTATION OF MU	JUITPLE DEF	ENDEN	CLAIM		+140=		OR	+280=	<i>O. 1</i>
							TOTAL			TOTAL	10 6
							ADDIT. FEE		OR	ADDIT. FEE	174
		(Column 1) CLAIMS	Ţ · · ·	(Colur		(Column 3)					
ENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	* 27	Minus	** !	20	= /	X\$ 9=		OR	X\$18=	
	Independent	* 4	Minus	***	U	=	X42=	`	OR	· X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	T CLAIM				UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140= TOTAL		OR	+280=	,
##	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR	TOTAL ADDIT. FEE	
ART		imber Previously P nber Previously Pa					ADDIT. FEE	propriate bo			